

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 150  
491  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1217 Live Oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Victorino Gomez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. }  
4. Twin, triplet or other \_\_\_\_\_ }  
5. No., in order of birth \_\_\_\_\_ }  
6. Legitimate? yes  
7. Date of birth Nov 8 1928  
Month Day Year

8. FATHER  
Full name Cosme Gomez

14. MOTHER  
Full maiden name Dolores de la Torre

9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Mexican  
11. Age at last birthday 48 (Years)

16. Color or race Mexican  
17. Age at last birthday 35 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

13. Occupation Miner  
Nature of industry Copper

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child).  
(a) Born alive and now living 3  
(b) Born alive but now dead 1  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum.  
yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \***

I hereby certify that I attended the birth of this child, who was alive at 11:10 a.m. on the date above stated.  
(Born alive or stillborn)

Signature J. J. Miller  
MD  
(Physician or midwife).

Given name added from \_\_\_\_\_ Address Miami Arizona  
a supplemental report. Month, day, year \_\_\_\_\_

Registrar. Filed Dec 3 28 1928 Registrar. L. E. Davis

519-1102-445